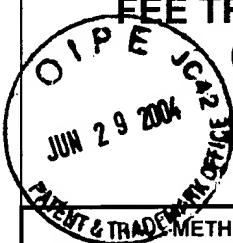
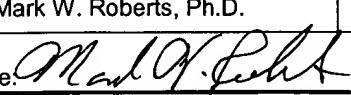


IFW AF  
1765

| <b>FEET TRANSMITTAL SHEET<br/>(FOR FY 2004)</b><br>  |           | <b>Complete if Known</b>           |                |   |             |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
|--|-----------|------------------------------------|----------------|---|-------------|--------------|----------|-----------------|----------|----------|----------|----------|----------------|------------------------|-----|------|-----|---|----|-----------------------------------|-----|------|---------------------|--|-----|--------------------------|-----|------|-----|---|----|---|-----|------|-----|---|----|---|-----|------|----|---|----|----------------------------|--|--|--|---------------------|-------------|---------------------|-------------|--|--|--|--|---------------------------------|-------------|
|  |           | Application No.                    | 09/915,658     |   |             |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
|  |           | Filing Date                        | July 25, 2001  |   |             |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
|  |           | First Named Inventor               | Gundu M. Sabde |   |             |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
|  |           | Group Art Unit                     | 1765           |   |             |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
|  |           | Examiner                           | Kin-Chan Chen  |   |             |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| Atty. Docket Number  | 500163.04 |                                    |                |   |             |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| <b>METHOD OF PAYMENT (Check One)</b><br>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fee required under 37 C.F.R. §§ 1.16 and 1.17 and 1.136(a)(3) and credit any over payments to Deposit Account No.: <u>50-1266</u> ; Deposit Account Name: <u>DORSEY &amp; WHITNEY LLP</u><br>2. <input type="checkbox"/> Check Enclosed  |           | <b>FEE CALCULATION (Continued)</b> |                |   |             |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| <b>FEE CALCULATION</b>   |           |                                    |                |   |             |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| <b>1. BASIC FILING FEE</b> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1001</td> <td>770</td> <td>2001</td> <td>385</td> <td><input type="checkbox"/> Utility Filing Fee</td> <td>\$</td> </tr> <tr> <td>1002</td> <td>340</td> <td>2002</td> <td>170</td> <td><input type="checkbox"/> Design Filing Fee</td> <td>\$</td> </tr> <tr> <td>1003</td> <td>530</td> <td>2003</td> <td>265</td> <td><input type="checkbox"/> Plant Filing Fee</td> <td>\$</td> </tr> <tr> <td>1004</td> <td>770</td> <td>2004</td> <td>385</td> <td><input type="checkbox"/> Reissue Filing Fee</td> <td>\$</td> </tr> <tr> <td>1005</td> <td>160</td> <td>2005</td> <td>80</td> <td><input type="checkbox"/> Provisional Filing Fee</td> <td>\$</td> </tr> <tr> <td colspan="4"></td> <td><b>Subtotal (1)</b></td> <td><b>\$ 0</b></td> </tr> </tbody> </table>   |           |                                    |                | Large Entity  |             | Small Entity |          | Fee Description | Fee paid | Fee Code | Fee (\$) | Fee Code | Fee (\$)       | 1001                   | 770 | 2001 | 385 | <input type="checkbox"/> Utility Filing Fee | \$ | 1002                              | 340 | 2002 | 170                 | <input type="checkbox"/> Design Filing Fee | \$  | 1003                     | 530 | 2003 | 265 | <input type="checkbox"/> Plant Filing Fee | \$ | 1004  | 770 | 2004 | 385 | <input type="checkbox"/> Reissue Filing Fee | \$ | 1005  | 160 | 2005 | 80 | <input type="checkbox"/> Provisional Filing Fee | \$ |                            |  |  |  | <b>Subtotal (1)</b> | <b>\$ 0</b> |                     |             |  |  |  |  |                                 |             |
| Large Entity   |           | Small Entity                       |                | Fee Description   | Fee paid    |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| Fee Code   | Fee (\$)  | Fee Code                           | Fee (\$)       |   |             |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| 1001   | 770       | 2001                               | 385            | <input type="checkbox"/> Utility Filing Fee             | \$          |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| 1002   | 340       | 2002                               | 170            | <input type="checkbox"/> Design Filing Fee              | \$          |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| 1003   | 530       | 2003                               | 265            | <input type="checkbox"/> Plant Filing Fee               | \$          |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| 1004   | 770       | 2004                               | 385            | <input type="checkbox"/> Reissue Filing Fee             | \$          |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| 1005   | 160       | 2005                               | 80             | <input type="checkbox"/> Provisional Filing Fee         | \$          |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
|  |           |                                    |                | <b>Subtotal (1)</b>                                     | <b>\$ 0</b> |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| <b>2. EXTRA CLAIM FEES</b> <table border="1"> <thead> <tr> <th>Current Claims</th> <th>Prior</th> <th>Extra</th> <th>Fee</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>10</td> <td>20</td> <td>= 0</td> <td>x \$ 18 = \$ 0</td> </tr> <tr> <td>Ind.</td> <td>1</td> <td>3</td> <td>= 0</td> <td>x \$ 86 = \$ 0</td> </tr> <tr> <td colspan="4"></td> <td><b>Subtotal (2)</b></td> <td><b>\$ 0</b></td> </tr> </tbody> </table>   |           |                                    |                | Current Claims  | Prior       | Extra        | Fee      | Fee Paid        | Total    | 10       | 20       | = 0      | x \$ 18 = \$ 0 | Ind.                   | 1   | 3    | = 0 | x \$ 86 = \$ 0                              |    |                                   |     |      | <b>Subtotal (2)</b> | <b>\$ 0</b>                                |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| Current Claims   | Prior     | Extra                              | Fee            | Fee Paid  |             |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| Total  | 10        | 20                                 | = 0            | x \$ 18 = \$ 0  |             |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| Ind.   | 1         | 3                                  | = 0            | x \$ 86 = \$ 0  |             |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
|  |           |                                    |                | <b>Subtotal (2)</b>                                     | <b>\$ 0</b> |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| <b>Large Entity</b> <b>Small Entity</b> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Description</th> <th>Fee paid</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> <td>\$</td> </tr> <tr> <td>1201</td> <td>86</td> <td>2201</td> <td>43</td> <td>Independent claims in excess of 3</td> <td>\$</td> </tr> <tr> <td>1203</td> <td>290</td> <td>2203</td> <td>145</td> <td>Multiple dependent Claim</td> <td>\$</td> </tr> <tr> <td>1204</td> <td>86</td> <td>2204</td> <td>43</td> <td>Reissue independent claims over original patent</td> <td>\$</td> </tr> <tr> <td>1205</td> <td>18</td> <td>2205</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> <td>\$</td> </tr> <tr> <td colspan="4"></td> <td><b>Other fee (specify)</b></td> <td></td> </tr> <tr> <td colspan="4"></td> <td><b>Subtotal (3)</b></td> <td><b>\$ 0</b></td> </tr> <tr> <td colspan="4"></td> <td><b>Total Amount of Payment:</b></td> <td><b>\$ 0</b></td> </tr> </tbody> </table> |           |                                    |                | Fee Code  | Fee (\$)    | Fee Code     | Fee (\$) | Fee Description | Fee paid | 1202     | 18       | 2202     | 9              | Claims in excess of 20 | \$  | 1201 | 86  | 2201  | 43 | Independent claims in excess of 3 | \$  | 1203 | 290                 | 2203                                       | 145 | Multiple dependent Claim | \$  | 1204 | 86  | 2204                                      | 43 | Reissue independent claims over original patent | \$  | 1205 | 18  | 2205  | 9  | Reissue claims in excess of 20 and over original patent | \$  |      |    |   |    | <b>Other fee (specify)</b> |  |  |  |                     |             | <b>Subtotal (3)</b> | <b>\$ 0</b> |  |  |  |  | <b>Total Amount of Payment:</b> | <b>\$ 0</b> |
| Fee Code   | Fee (\$)  | Fee Code                           | Fee (\$)       | Fee Description   | Fee paid    |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| 1202   | 18        | 2202                               | 9              | Claims in excess of 20                                  | \$          |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| 1201   | 86        | 2201                               | 43             | Independent claims in excess of 3                       | \$          |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| 1203   | 290       | 2203                               | 145            | Multiple dependent Claim                                | \$          |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| 1204   | 86        | 2204                               | 43             | Reissue independent claims over original patent         | \$          |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
| 1205   | 18        | 2205                               | 9              | Reissue claims in excess of 20 and over original patent | \$          |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
|  |           |                                    |                | <b>Other fee (specify)</b>                              |             |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
|  |           |                                    |                | <b>Subtotal (3)</b>                                     | <b>\$ 0</b> |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |
|  |           |                                    |                | <b>Total Amount of Payment:</b>                         | <b>\$ 0</b> |              |          |                 |          |          |          |          |                |                        |     |      |     |   |    |                                   |     |      |                     |  |     |                          |     |      |     |   |    |   |     |      |     |   |    |   |     |      |    |   |    |                            |  |  |  |                     |             |                     |             |  |  |  |  |                                 |             |

Submitted by:

|  |                  |                           |
|--|------------------|---------------------------|
| Name: Mark W. Roberts, Ph.D.   | Reg. No.: 46,160 | Telephone: (206) 903-8800 |
| Signature:  |                  | Date: 06-24-04            |



Address. and Mail  
**BOX AF**

**RESPONSE UNDER 37 C.F.R. § 1.116**  
**EXPEDITED PROCEDURE - EXAMINING GROUP 1700**

PATENT

I hereby certify that on the date specified below, this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

JUNE 24, 2004  
Date

Carolyn L. Ross  
Carolyn L. Ross

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 09/915,658

Confirmation No. : 9163

Applicants : Gundu M. Sabde and Whonchee Lee

Filed : July 25, 2001

Attorney Docket No.: 500163.04

Art Unit : 1765

Customer No. : 27,076

Examiner : Kin-Chan Chen

Title : METHODS AND APPARATUSES FOR PLANARIZING MICROELECTRONIC  
SUBSTRATE ASSEMBLIES

---

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE UNDER 37 C.F.R. § 1.116**

Sir:

Applicants acknowledge receipt of the Office Action dated April 26, 2004.

Please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 5 of this paper.